



# COMMONWEALTH OF MASSACHUSETTS

## DIVISION OF PROFESSIONAL LICENSURE

### OFFICE OF PUBLIC SAFETY AND INSPECTIONS

#### STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:

1 ASHBURTON PLACE, RM. 1301 BOSTON, MASSACHUSETTS 02108

### APPLICATION FOR REFEREE'S LICENSE

Please check sport which you are seeking Licensure:

BOXING

MMA

MUAY THAI

### BACKGROUND INFORMATION

NAME \_\_\_\_\_

First

Middle Initial

Last

ADDRESS \_\_\_\_\_

Street

City

State

Zip

DAYTIME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

Street

City

State

Zip

EMPLOYER'S TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER BEEN LICENSED AS A REFEREE IN ANOTHER STATE? \_\_\_\_\_

IF YES, WHICH STATES? \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION

(MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

\_\_\_\_\_



**THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION**

**(check box indicating compliance)**

- \$50 application fee made payable to the Commonwealth (check or money order only)
- One inch by 1 inch photograph of the applicant's head (without headwear)
- Copy of a government issued photo identification (e.g.- driver's license)
- Proof of successful completion of a referee certification course approved by the Commission

***PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A REFEREE'S LICENSE:***

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**[ ] (OPTIONAL)**

**Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:**

<b>Arabic</b>	<b>Chinese</b>	<b>French</b>	<b>German</b>	<b>Italian</b>	<b>Korean</b>	<b>Polish</b>
<b>Portuguese</b>	<b>Russian</b>	<b>Spanish</b>	<b>Tagalog</b>	<b>Vietnamese</b>	<b>Other _____</b>	

**ATTESTATION**

***I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**FOR COMMISSION USE ONLY**

**DATE OF COMMISSION REVIEW: \_\_\_\_\_**

**APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_**

**DATE LICENSE MAILED: \_\_\_\_\_**

**REASON FOR DENIAL:**

